

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Alina Valdes for Congress

ADDRESS (number and street)

PO Box 823297

Check if different  
than previously  
reported. (ACC)

Pembroke Pines

FL

33082

2. FEC IDENTIFICATION NUMBER ▼

C

C00578252

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

FL

25

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Alina Valdes

Signature of Treasurer

Alina Valdes

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Alina Valdes for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1885.00	9110.23
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1885.00	9110.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5238.82	19168.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	5238.82	19168.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3081.74	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	13245.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 13

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Alina Valdes for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

350.00

4105.23

**(ii) Unitemized.....**

1035.00

4255.00

**(iii) TOTAL of contributions from individuals ▶**

1385.00

8360.23

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

500.00

750.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

1885.00

9110.23

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

13245.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

13245.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

1885.00

22355.23

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5238.82	19168.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	105.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5238.82	19273.49

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6435.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1885.00
25. SUBTOTAL (add Line 23 and Line 24).....	8320.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5238.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3081.74

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Alina Valdes for Congress

Full Name (Last, First, Middle Initial)

Judith Dempsey

Mailing Address 1836 Harbor lane

City

Naples

State

FL

Zip Code

34104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Transaction ID : SA11Al.4408

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

350.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Alina Valdes for Congress

Full Name (Last, First, Middle Initial)

COVANTA ENERGY LLC POLITICAL ACTION COMMITTEE (COVANTA PAC)

A.

Mailing Address 445 SOUTH STREET

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C C00142158

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 14 2015

Transaction ID : SA11C.4378

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Alina Valdes for Congress

Full Name (Last, First, Middle Initial)

**A. Dwight Bullard**

Mailing Address PO Box 160156

City	State	Zip Code
Miami	FL	33116

Purpose of Disbursement  
Reimbursement Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

1154.00
---------

Transaction ID : SB17.4363

**B. Shula's Hotel**

Mailing Address 6842 Miami Street

City	State	Zip Code
Miami Lakes	FL	33014

Purpose of Disbursement  
Event Site Rental

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

Amount of Each Disbursement this Period

1154.00
---------

Transaction ID : SB17.4363.0

[MEMO ITEM]

**C. Harriet Lerman**

Mailing Address 8486 Logia Circle

City	State	Zip Code
Boynton	FL	33472

Purpose of Disbursement  
Campaign Manager

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4451

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2154.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Alina Valdes for Congress

Full Name (Last, First, Middle Initial)

**A. Harriet Lerman**

Mailing Address 8486 Logia Circle

City	State	Zip Code
Boynton	FL	33472

Purpose of Disbursement  
Campaign Manager

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4450

**B. USPS**

Mailing Address 2350 N University Blvd

City	State	Zip Code
Pembroke Pines	FL	33024

Purpose of Disbursement  
Poartage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2015

Amount of Each Disbursement this Period

98.00
-------

Transaction ID : SB17.4461

**c. Alina Valdes**

Mailing Address 981 S.W. 159th Dr

City	State	Zip Code
Pembroke Pines	FL	33027

Purpose of Disbursement  
Reimbursement Expense

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: FL

District: 25

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

659.22
--------

Transaction ID : SB17.4437

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1757.22



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Alina Valdes for Congress

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA**

Mailing Address 214 SOUTH BRONOUGH STREET

City	State	Zip Code
TALLAHASSEE	FL	32301

Purpose of Disbursement  
Registration fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.4437.0

[MEMO ITEM]

**B. Hilton Hotel**

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Lake Buena Vista	FL	32830

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

315.41
--------

Transaction ID : SB17.4437.3

[MEMO ITEM]

**c. Alina Valdes**

Mailing Address 981 S.W. 159th Dr

City	State	Zip Code
Pembroke Pines	FL	33027

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: FL

District: 25

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

192.40
--------

Transaction ID : SB17.4437.4

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Alina Valdes for Congress

Full Name (Last, First, Middle Initial)

**A. Alina Valdes**

Mailing Address 981 S.W. 159th Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

City	State	Zip Code
Pembroke Pines	FL	33027

Purpose of Disbursement  
Reimbursement Expense

Amount of Each Disbursement this Period

1146.40
---------

Transaction ID : SB17.4452

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 25

Full Name (Last, First, Middle Initial)

**B. Boostmobile**

Mailing Address 15840 Pines Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

City	State	Zip Code
Pembroke	FL	33027

Purpose of Disbursement  
Telephone Service

Amount of Each Disbursement this Period

128.40
--------

Transaction ID : SB17.4452.0

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Harriet Lerman**

Mailing Address 8486 Logia Circle

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

City	State	Zip Code
Boynton	FL	33472

Purpose of Disbursement  
Campaign Manager

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4452.1

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1146.40

5057.62

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 11 OF 13

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4240

Alina Valdes for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Alina Valdes

**[PERSONAL FUNDS]**

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

981 S.W. 159th Dr

City

State

ZIP Code

Pembroke Pines

FL

33027

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M / D / Y  
04 / 01 / 2015

Date Due

M / D / Y  
 / / 11/2016

Interest Rate

0.00 % (apr)

Secured:

☐

Yes

☒

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 12 OF 13

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4241

Alina Valdes for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Alina Valdes

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

981 S.W. 159th Dr

City

State

ZIP Code

Pembroke Pines

FL

33027

Original Amount of Loan

4300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4300.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 15 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4300.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 13

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4367

Alina Valdes for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

Alina Valdes

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

981 S.W. 159th Dr

City

State

ZIP Code

Pembroke Pines

FL

33027

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3945.00

0.00

3945.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y  
09 / 15 / 2015M M / D D / Y Y  
/ 11 / 2016M M / D D / Y Y  
/ 11 / 2016M M / D D / Y Y  
/ 11 / 2016

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3945.00

**TOTALS** This Period (last page in this line only)..... ►

13245.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.